ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *190*
Registered No. *246*

1. PLACE OF BIRTH

County *Gila*   State *Arizona*

District or Township ____   or Village ____

City *Miami*   No. ____   St. ____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Myrtle Larine Hinsley*   { If child is not yet named, make supplemental report, as directed.

3. Sex of Child *female* | To be answered ONLY in event of plural births.

4. Twin, triplet or other ____

5. No., in order of birth ____   *yes*

6. Legitimate? *yes*

7. Date of birth *August 26, 1925*   Month Day Year

8. FATHER

Full name *John Hinsley (deceased)*

9. Residence (Usual place of abode) ____
If non-resident, give place and state.

10. Color or race *White*   11. Age at last birthday *49* (Years)

12. Birthplace (city or place) ____
(State or country) *Arizona*

13. Occupation
Nature of industry ____

14. MOTHER

Full maiden name *Mary Jane Wray*

15. Residence (Usual place of abode) *Miami Arizona*
If non-resident, give place and state.

16. Color or race *White*   17. Age at last birthday *43* (Years)

18. Birthplace (city or place) *Silver City*
(State or country) *New Mexico*

19. Occupation
Nature of industry *Housewife*

20. Number of children of this mother *11*
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living *8*
(b) Born alive but now dead *3*
(c) Stillborn *0*

21. Were precautions taken against ophthalmia neonatorum? *yes*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was *alive* at *10:30 A* m. on the date above stated
(Born alive or stillborn.)

Signature *F. F. Miller M.D.*
(Physician or midwife).

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report ____
Month, day, year

____
Registrar

Address *Miami, Arizona*

Filed *Sept 15, 19 25*   *C. E. Dunn*
Registrar